



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/040,398
		Filing Date	December 28, 2001
		First Named Inventor	Kjetil Johannessen
		Art Unit	2883
		Examiner Name	Mooney, Michael P.
Total Number of Pages in This Submission	12	Attorney Docket Number	42390P13377

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Certificate of First Class US Mail and the stamped return postcard.</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	3-29-05

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	
Date	3/29/05



# FEE TRANSMITTAL for FY 2005

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$)  
                                        0.00

#### *Complete if Known*

Application Number	10/040,398
Filing Date	December 28, 2001
First Named Inventor	Kjetil Johannessen
Examiner Name	Mooney, Michael P.
Art Unit	2883
Attorney Docket No.	42390P13377

#### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

#### FEE CALCULATION

##### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	16	27*	0 x 50.00 =	\$0.00
Independent Claims	2	5* =	0 x 200.00 =	\$0.00
Multiple Dependent				

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		<b>(\\$)</b>	<b>0.00</b>	

*\*\*or number previously paid, if greater. For Reissues, see below*

##### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

**SUBTOTAL (2)**

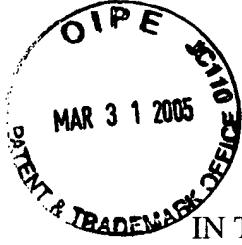
**Fee Paid**

**(\\$)**

#### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>			Date	3-29-05



2883  
9cJW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/040,398 Confirmation No. 2067  
Inventor : Kjetil Johannessen  
Assignee : Intel Corporation  
Filed : December 28, 2001  
Art Unit : 2883  
Examiner : Mooney, Michael P.  
Title : Optical Probe for Wafer Testing

OFFICE ACTION RESPONSE

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed December 29, 2004, reconsideration and further examination of the application is hereby requested. Kindly consider the following:

---

CERTIFICATE OF TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be facsimile transmitted to the US Patent and Trademark Office on the date shown below:

March 29, 2005

Date of Transmission

Krista Mathieson

Name of Person Faxing Correspondence

Krista Mathieson

Signature

March 29, 2005

Date

**INTRODUCTORY COMMENTS**

**Request for an Extension of Time**

This Office Action Response is submitted in response to the Office Action dated December 29, 2004 for which the shortened statutory period for response was set to expire on March 29, 2005. It is believed that no additional extension of time fee is required. In the event any extension of time fee is required, or any other fee related to this Response is required, please consider this a request therefore. Authorization is hereby given to charge Deposit Account No. 02-2666 for such fee or fees.

**Authorization to Charge Deposit Account**

Authorization is hereby given to charge Deposit Account No. 02-2666 for any fee or fees related to this Office Action Response.